PROOF OF CLAIM - GENERAL UNSECURED BUSINESS CREDITORS

SEC v. TRI ENERGY, INC. and MARINA INVESTORS GROUP, INC. United States District Court, Case No. ED CV 05-351 AG(MANx)

FILING OF PROOF OF CLAIM TO THE RECEIVER MUST BE POSTMARKED NO LATER THAN:
FEBRUARY 19, 2007

PLEASE COMPLETE, SIGN AND RETURN THIS FORM IMMEDIATELY TO:

RICHARD WEISSMAN, ESQ. RECEIVER 5959 TOPANGA CANYON BOULEVARD, SUITE 255 WOODLAND HILLS, CA 91367

The undersigned hereby submits the following claim (only) for unpaid goods and/or services rendered to, and/or on behalf of: Tri Energy, Inc. or Marina Investors Group, Inc., doing business as MIG Records. ("Defendants")

Mark the Entity against which you have a General Business Claim:

Tri Energy, Inc.

	Marina Investors Group, Inc		
ι.	NAME(S) AND ADDRESS OF CLAIMANT(S):		
	Name(s):		
	Current Address:		
		E-Mail:	
		/services (if different from current address):	
2.	THIS CLAIM IS BASED ON:		
() RENDERED GOODS	() RENDERED SERVICES/LABOR	
	DATE(S): GOODS/SERVIC		
3.	TOTAL VALUE OF GOODS/SE	RVICES/LABOR RENDERED:	
1.	AMOUNT RECEIVED FROM D	DEFENDANTS/RECEIVER(S), IF ANY: \$	
5.	AMOUNT OF CLAIM: \$	(Principal Only)	

6. BASIS FOR CLAIM:

(Describe basis for claim(s) and attach documentary support) (Invoices; Payment Records):

(PLEASE ATTACH ADDITIONAL PAGES AS NECESSARY.)

- 7. I acknowledge, agree and remit to the jurisdiction of this Court, and agree that my claim shall be adjudicated, determined and paid as ordered by the United States District Court that is administering this Receivership action. I further consent to, and understand that the Court will determine (a) my right to any money from the above-named defendants, if any is available, (b) the priority of said claim(s), if any, (c) the scheduling and allocation of the assets to be distributed, and (d) that all objections and disputes to the allowance of my claim by the Receiver, if any, shall be submitted to and the subject of review by the Court for a final ruling thereon, upon motion practice for hearing, without a jury.
- 8. I have not sold, assigned, transferred, hypothecated or in any way conveyed my interest in or my claim against DEFENDANTS, or any portion thereof. I further agree not to sell, convey, assign, transfer or hypothecate hereafter, prior to the date(s) of distribution, my interest in my claim(s) against DEFENDANTS, in any manner. In the event my interest is transferred hereafter prior to the date(s) of distribution, except by operation of law, I agree that any such assignment or transfer shall be deemed null and void and unenforceable by any successor third party as between the undersigned, on the one hand, and DEFENDANTS, the Receiver and the Court, on the other hand.
- 9. I further understand and agree that: (a) disbursement check to me will be made payable jointly to me and to each of my co-claimants named herein below; (b) it will be our individual and collective responsibility for said check's deposit and collection en gross and later division between us, if any; (c) that the Receiver will not prorate the amount due me or to us under separate checks; and (d) my correct Social Security Number or Federal/Employer Identification Number is set forth adjacent to my signature below.
- 10. I represent that I am not and have never been affiliated with DEFENDANTS, as a principal, partner, stockholder, officer, or in any other manner, except as an independent contractor for goods and/or services or as an employee. I am not an investor or participating "lender" for any return of capital invested or lent to all or any of the defendants and/or their representatives.
- 11. I represent that I have not received from Defendants, or from any of the above-named persons against whom this claim is filed, any distribution of money on account of this Claim not otherwise disclosed above.

xecuted on:	, 2007, at	,
(City or Town)	(State, Zip Code)	
Iailing or otherwise deliver	roof of Claim is <u>postmarked no later t</u>	OURT. laim to Richard Weissman, Receiver, so than February 19, 2007, shall constitute
PRINT (FULL NAME)	CLAIMANT SIGNATURE	SOCIAL SECURITY NUMBER/FEIN
		<u> </u>
PRINT (FULL NAME)	CLAIMANT SIGNATURE	SOCIAL SECURITY NUMBER/FEIN
PRINT (FULL NAME) PRINT (FULL NAME)	CLAIMANT SIGNATURE CLAIMANT SIGNATURE	

To receive an acknowledgment from the Receiver of his receipt of your Proof of Claim, you <u>must</u> provide him with a duplicate of the original Proof of Claim <u>and</u> a self-addressed, postage prepaid envelope. The Receiver will mark the duplicate Proof of Claim "Received" with a date stamp and return it to you for your records.